06935 6965 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deseased lived. If institution: Residence before admission) b. COUNTY CITY OR TOWN (Il outside carpogate limits, write C. LENOTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and one nearest town) and give negrest lower d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? OR INSTITUTION YES NO TO NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) 19 6. COLOR OF RACE 7. MARRIED THEVER MARRIED B. DATE OF BURTH 9. AGE In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY g most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDE Emana 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature all injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 201. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur o. m. While Not while at work at work p. m 21. I certify that I attended the deceased from 19 60 that I last saw the deceased alive on 6: BATM, from the causes and an the date stated above , and that death accurred at ADDRESS (Street, city or lawn, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22or BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY-OR CREMATOR EMOVAL (Specify) 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VS A15 (4) Certhur L. Hraus DATELIN 1 6 '60 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH al director, filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 RURAL and give neagest towyth Two Days d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Lost Month filled OF DEATH DECEASED (Type or print) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED | NEVER MARRIED | last birthday) Months Dec.31,1875 WINDOWED IX DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retited) Tenant Farmer pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT No attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY emotion. buriol 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year factory, street, office bldg., etc.) Hour While CI. MI Not while at work of work p. m. 21. I certify that (I) (this hashital) attended the deceased from., saw the deceased alive an 19 Of and that death occurred of \_\_\_\_M, from the causes and on the date stated above 22a, SIGNATURE M.D. ATTENDING MED. STAFF PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Clarence Benson, M.D. Port Deposit .Md. page 3 the Stat 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) ENERVAY (Specific 6-23-19 60 Asbury Port Deposit .Md . 25g. REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR'S GIGNATURE Perryville, Md.

VR A15 (4) 1SM 9/59

JUN 2 2 '60

256 REGISTRAR'S SIGNATURE arilar S. Thursd

06938

Day

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(County)

IS RESIDENCE

YES NO

Hours

INTERVAL BETWEEN ONSET AND DEAD

> PERFORMED? YES NO

> > (Stote)

22b. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

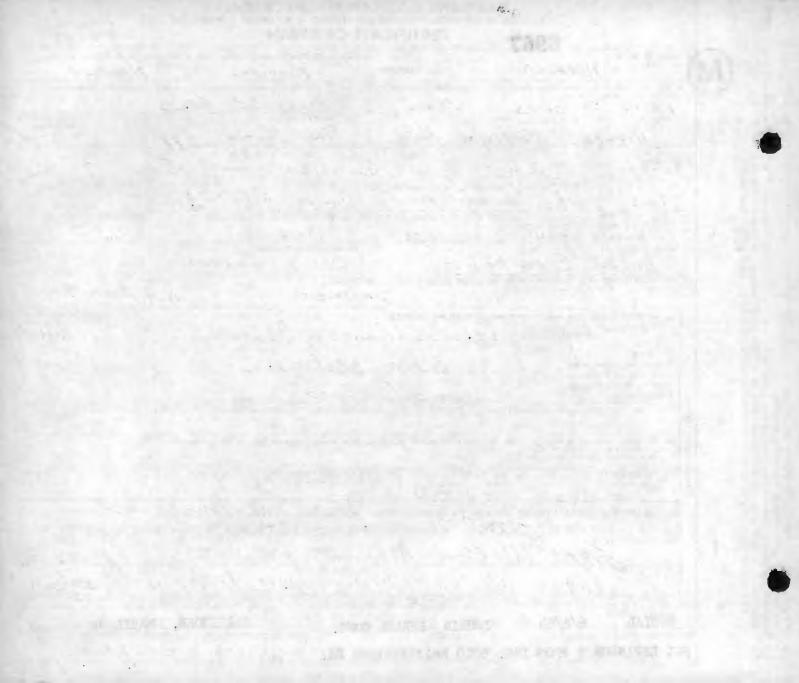
CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  a. SYATE  FIRMAND  b. COUNTY  FIRM FOLD
b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1d. STREET ADDRESS PLASKI Agy e. IS RESIDENCE ON A FARM? YES NO 1
BLUMBERG DEATH JUNE / 1960
B. DATE OF BIRTH  Out 19, 1918  9. AGE (In years If UNDER 1YEAR IF UNDER 24 HRS lost birthdoy)  Months Doys Hours Min.
IDUSTRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY  (1.5. F)
14. MOTHER'S MAIDEN NAME SSSSIS IS REAL.
T. INFORMANT  DR WOLBERT.  Address  H. d. Brew gnd.
acelucion 5 minuto
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES   NO
IRRED. (Enter nature of injury in Port I or Port II of item 18.)
PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote foctory, street, office bldg., etc.)
m. June 1958 . to June 7 , 1960, that (1) (we) los
it death accurred at 400 M, from the causes and on the date stated above
Attending MED. PHYS.   STAFF P
22b. DATE
M.D. ATTENDING MED. STAFF PHYS. SIGNED PHYS. 122d. ADDRESS

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be a jed by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled if the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove carbain papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO FUNERAL TO HOSPIT VR A1S (4) 15M 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6958 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 6. COUNTY Harford MARYLAND Maryland Hattord b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Aberdeen Aberdeen d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Edmund Street 103 Edmund Street NAME OF Fiest Middle Lost DATE Month DECEASED OF DEATH 26 WALTER BUDNICK EDNA June (Type or print) S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 87 yrs Months 1878 Female White WIDOWED [ DIVORCED T Dec. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. Housewife Home Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Walter Catherine Scarborough Address 412 Wyn-Mar IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (If yes, give wor or dates of service) No Hollis Budnick Aberdeen. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY MOID IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the under-NENDAR lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY fHome, form, Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) VED! foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 19 00, that I last saw the deceased 21. I certify hattended the deceased from and that death accurred at 9:10 AM from the causes and on the date stated above alive on ADDRESS (Street, city or town, state) ACTUAL Aberdeen. Md June 27 SIGNATURE

page the re 0 VS A15 (4) 1SM 10/57

FUNER CO

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PHYSICIAN'S

NAME (Type

220. BURIAL, CREMATION, 226. DATE THEREOF

23. FUNEBAL DIRECTOR SIGNATURE

Peter P. Rodman

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> 22c. NAME OF CEMETERY OR CREMATORY St. Luthern Paul Tarring Funeral Home

Aberdeen, Md.

22d. LOCATION (City, town, or county) Cem. R.D. Aberdeen.

Aberdeen, Md.

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Doys

(County)

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Hours

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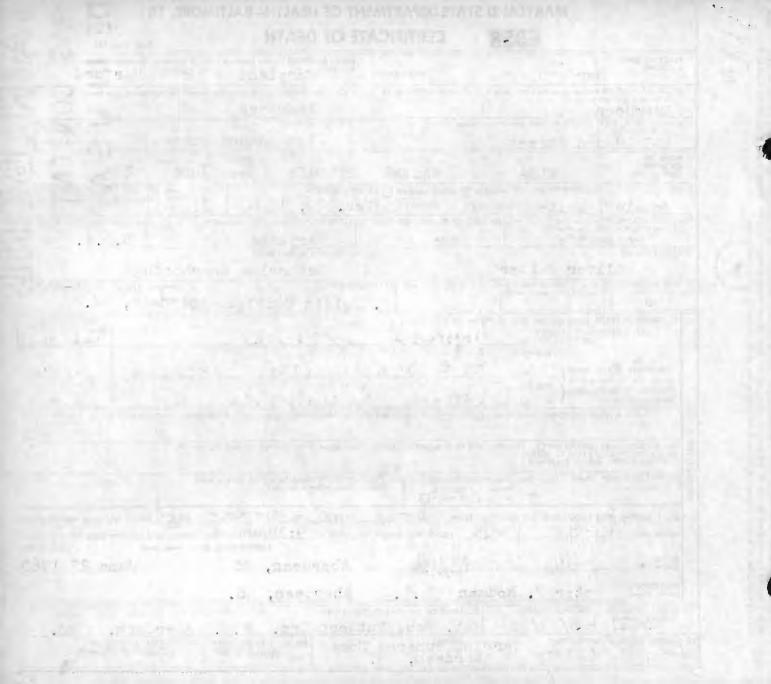
(Stole)

DATE SIGNED

Md.

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24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUN 3 0 '60 arthur & Heater DATE



06939CERTIFICATE OF DEATH 6987 Reg. Dist. No. of director, filed with ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Harford MARYLAND Harford Maryland funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) plunds Shawsville hours Jarrettsville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 3. NAME OF Middle Lost 4. DATE Month Year filled DECEASED DEATH (Type or print) Walter Herbert Cairnes 1960 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs DIVORCED | WIDOWED male white 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired Mutual Director & Agent Jarrettsville. USA nsurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate George Andrew Cairnes Cornealia Haile hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Jarrettsville Md. attending Mrs. Louise Cairnes No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction immediate IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which (b) Hypertensive Arteriosclerotic Cardiovascular Disease gave rise to immediate pe DUE TO cause (o), stoting the under-PHD lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T none 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) no accident or injury 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Caunty) (Stote) factory, street, office bldg., etc.) Haur o. m. Not white at work at work none olive on June 6 , and that death occurred of 2:15. P.M. from the causes and on the date stated above. RECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL å M.D. Houcks Mill Road June 18. 1960 SIGNATURE 3 should PHYSICIAN'S Jarrettsville, Maryland NAME (Type) James F White. FUNER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Bood Burial (Specify) Bethe] Madonna Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] DATELIN 21 160 15M 10/57

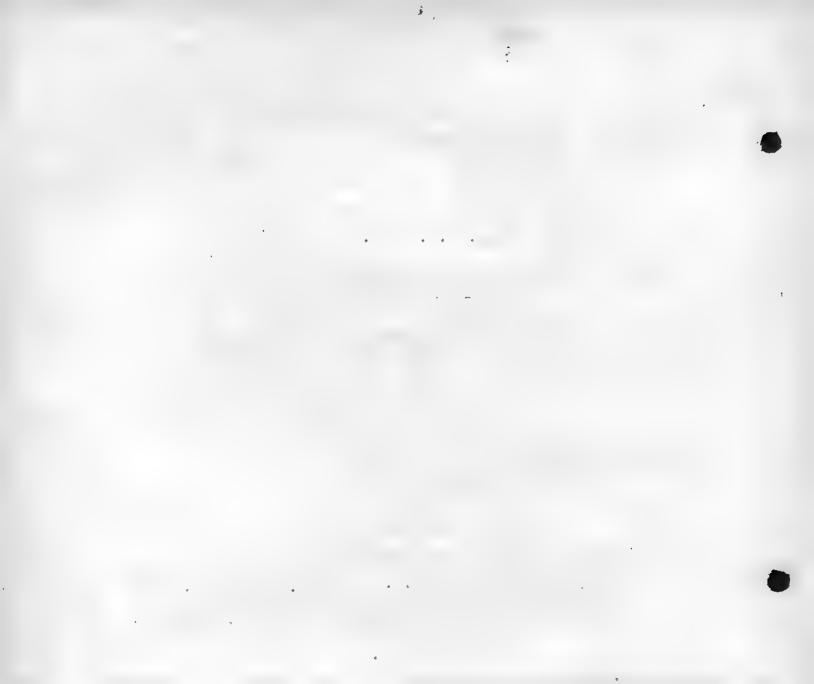
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
å g		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
should	W	1. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admix b. COUNTY  MARYLAND	sion)
Page 4 buriol,		b. CITY OR TOWN (It evenide corporate timits, write RURAL and give nearest town and give nearest town Bell Are	rn)
retor.	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS / /	SIDENCE A FARM? NO
yaur gistror	1	3. NAME OF DECEASED (Type or print) A MICHORN C. C. Clarke DEATH June 16 19	(,)
o the funded for the re		5. SEX  6. COLOR OR RACE 7. MARKED NEVER MARKED 8. DATE OF BIRTH  WIDOWED DIVORCED SAN, 19, 1957  9. AGE In years low birthday)  Windowed Days Hours  yrs.	R 24 HRS Min.
ond 3 to retoir		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)  NONE  WONE  12 CITIZEN OF WHAT OF WHAT OF CO., MANIANA  U.S.A.	COUNTRY
5 moy b ges 1 ar	1	13. FATHER'S NAME  WILLIAM L. CLARKE Jr.  Norma Parsons	
Poge 5		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IZB 1 Address Box 393 NO "Il'am. or. or unknown] If yes, great wor or dolls of Marrice) 16. SOCIAL SECURITY NO. 17. INFORMANT IZB 1 Address Box 393 William L. Clarke Tr., BEL Air, Mary and	
18. Gm PM3. permit.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)	EN TH
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f 'pend miner's Id be us		20a. EXTERNAL CAUSE WAS PRIMARY III or CONTRIBUTING CAUSE OF DEATH.	
the word licol Exorr 3 should	19	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 120f. (City or tawn) Hour o. m. While of work of wo	(State)
ief MediR: Poge	54	21. certify that I taak charge of the remains described abave, held an Autapsy, Inspection P3, Inquiry, and f death resulted from: Natural causes, Accident P3, Suicide, Hamicide, Undetermined cause	ind the
ficote, the Ch		ACTUAL Starged & Palmer M.D. CHIEF MEDICAL EXAMINER Belting Med DATE SI	GNED
ERAL D	1	EXAMINER'S GEYE (1 6 Palm E) ASSISTANT MEDICAL EXAMINER (1)  MAME (Type)  C-16-6	0
forwo		220. BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, or county) (Stole Burfa) June 18, 1960 Bel Air Memorial Gradus Bel Air, Hanford Co., Manyland	)
5. A15ME(\$) 5M 9/55		23- FUNERAL DIRECTOR'S SIGNATURE W. Broadway TESSITIATIONS ST. 240. REC'D BY REGISTRAR'S SIGNATURE  TOTAL BELL ATT. Manyloyd DATE JUN 2 0 '60 Onling & House	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 6968 funeral director, 1. PLACE OF DEATH ofter death. Page 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before galmission) o. COUNTY b. COUNTY MARKET STREET b CITY OR TOWN (Ill outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CIRY OR TOWN (If autside corporate limits, write RURAL and/give nearest town) d NAME OF HOSEVIAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE YES [] NO 4. DATE OF DEATH NAME OF Month esse (Type or print) SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last pirthday) Months Days ma WIDOWED [ DIVORCED [ June 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of Forking life, even if retired) st. St Govt 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remove cart requires that the death certificate Samuel Unknown 17 INFORMAN IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address ottending No CAUSE OF DEATH [Enter only one couse per Jiffe) for (gf) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 4 PART I. DEATH WAS CAUSED BY.

| MMEDIATE CAUSE (6) CIU **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PAIT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO KIN 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (Stote) (County) factory, street, office bldg, etc.) Hour a m. While Not while p. m. of work of work 50 to June 19 60, that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased from. January 24 19 60 and that death occurred at PM, from the causes and on the date stated above June saw the deceased olive on 220. SIGMATURE ATTENDING 1 MED DIRECTOR PHYS 22c PHYSICIAN'S NAME (Type) Irvin Wachsman. S. Union Ave. Havre de Grace, Md 230. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) page the St REMOVAL (Specify) 60 Pur ia Bakers Cemetery RD. Aberdeen. Maryland 24 JUNESAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S S GNATURE Tarring Americal Home 250, REC'D BY REGISTRAR DATE JUN 2 8 '60 arthur S. Hines Aberdeen. Md. 15M 9/59 John G. Tarring



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•	6969 CERTIFICATE OF DEATH	(605
director,	1. PLACE OF DEATH  O COUNTY  HARTORA  O STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE  MARYLAND  D. COUNTY  H.	e before galmission)  Artors
de la	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and 9 RURAL and give nearest jown)  HAURE OC GRACE 2 days 24 Haure do Grace	
Durs after and 2 strain	d NAME OF HOSPITAL (If not in hospital, g ve street oddress) or INSTITUTION Mennical Hospital 331 %. Union Aug.	e IS RESIDENCE ON A FARM? YES NO
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and ca	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stole or foreign country)  12 CITIZ  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	1517
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IG PHYS pital or er this ce for use riar to be	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, affice bldg, etc.)  21   certify that (I) (this haspital) attended the deceased from Live 20 1960, to 2000 2 2 1960	
TENDIN the has OR: Afri letached dealth pi	saw the deceased alive an first 32 19 60 and that death accurred at 115M, from the causes and on the	date stated abave
R A Should be de be should be de beard of f	22c. PHYSICIAN'S NAME (Type) VILLAM M. LEEN DOOS. UNION AVE. HAVET	22/60 SIGNED
O HOSPI may be O FUNER poge 3 s	230 BUR A. CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d MOCATION (City, town or county) HELLI OVAL. (6/23/60 Huffman Family Complete Mincoton, R. 17	- W. Va.
VR A15 (4) 1SM 9/59	John 9. Varring abertien. With Date Jun 27'60 and 250 Registrar's SIG	Krauk
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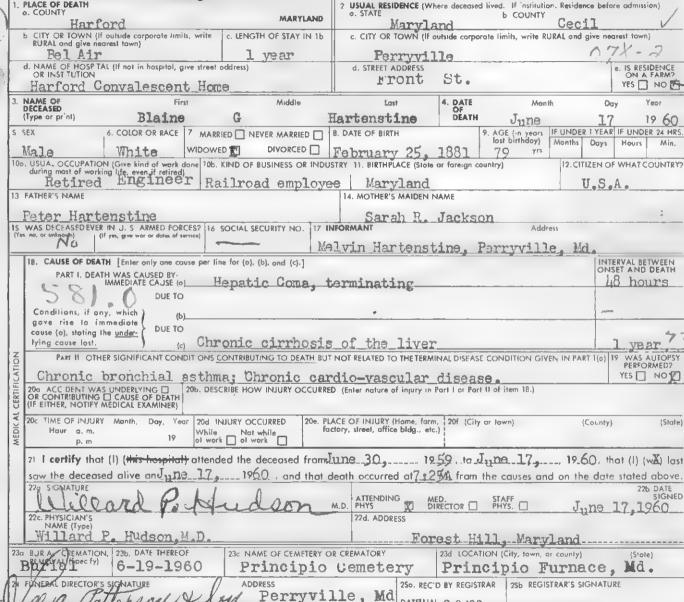
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Besidence before admission) o. COUNTY o. STATE 6. COUNTY MARYLAND c. CITY OR TOWN (If outside corposole limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRES e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO K NAME OF 4. DATE Last Manth Day DECEASED ers Pages ofter death. (Type or print) DEATH 19 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED I B DATE OF BIRTH 9. AGE (In years Aug.6,1900 Months Doys Hours WIDOWED | DIVORCED | papers 10d USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? 72 trours during mast of warking life, even if retired) Barber Shop USA ond pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ,≘ Richard H. Goodman Dora Johnston remove 17. INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Ves attending | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. burial-transit PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO certificate has 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury to Part 1 or Part III of item 18) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. White Not while of work ot work p. m. 21 I certify that (1) (this hospital) attended the deceased from 6 1960, that (1) (we) lost and that death occurred on M. from the causes and on the date stated above sow the deceased of we on DIRECTOR: 220 SHOWNATUR 22b. DATE SIGNED ATTENDING DIRECTOR [ MD PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Richards Jr. M.D. FUNERAL Port Deposit 23a BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) PANYAG (Specify) 6-13-1960 Conowingo Baptist Conowingo, Md. 25b REGISTRAR'S SIGNATURE **ADDRESS** Chilling S. Kines Perryville .md . JUN 1 4 '60 ISM 9/59



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MED to the forward forward sted a	ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
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្ត្រី១៧ឌី '	NAME (Typa)	Address (Street, city, town, or county)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 0694 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b** COUNTY MARYLAND eral be fi CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR JOWN (If outside corporate limits, write RURAL and give pearest RURAL and give negrest lawn) d NAME OF HOSPITAL (" not in hospital, give street address) IS RESIDENCE OR INSTITUTION YES NO NAME OF Middle 4. DATE Month Day Year DECEASED OF Poges DEATH (Type or print) 19 haurs after death IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED [7] NEVER MARRIED [7] campletely last birthday) Months Days Hours WIDOWED DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stape or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and bon 2 FATHER'S NAME 14. MOTHER'S MAIDEN NAME g within physici remave 17 INFORMANT Address 4 16 SOCIAL SECURITY NO attending | INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO gned b Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), slating the underlying couse last **Surial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY FICATION PERFORMED? YES | NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, farm. | 20f. [City or town] (Stote) 20d INJURY OCCURRED (County) factory, street, office bldg, etc. Hour a.m While Nat while at work of wark n m 27 I certify that (1) (this haspital) attended the deceased from. 19\_6 of that (1) (we) last detoched 19 62, and that death accurred at 6.25 M, from the couses and on the date stoted above sow the deceased alive an. DIRECTOR: 22a, SIGNATURE SIGNED ATTENDING STAFF M D PHYS. DIRECTOR [ 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 sh the State | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) CREMATION, (State) REMOVAD (Spec fy) ar. 256. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 1 4 '60 Children & Henrick 15M 9/59



	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside comporate Jimits, write #URAL e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES 🗍 NO 🕏 4. DATE NAME OF Year Find Middle Last DECEASED OF DEATH 19 (Type or print) 9. AGE (in years IF UNDER 24 HRS IF UNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH Months Days Hours DIVORCED [ WIDOWED [ 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTR BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) 13. FATHER'S NAME EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (o), sloting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗔 NO [ 200 EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DE CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20e. PLACE OF INJURY [Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or Joy (State) factory, street, office bldg., etc.) Not while! al work of work 21. I certify that I took charge of the remains described above, held an Autopsy inspection Inquiry and find that Accident Suicide . Homicide Undetermined cause death resulted from: Natural causes CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER DEPUTY MEDICAL EXAMINER 🖸 NAME (Type) 22d. LOCATION (City, town, or county) (State) 22a, BURIAL CREMATION, 22b, DAJE THEREOF REMOVAL (Specific 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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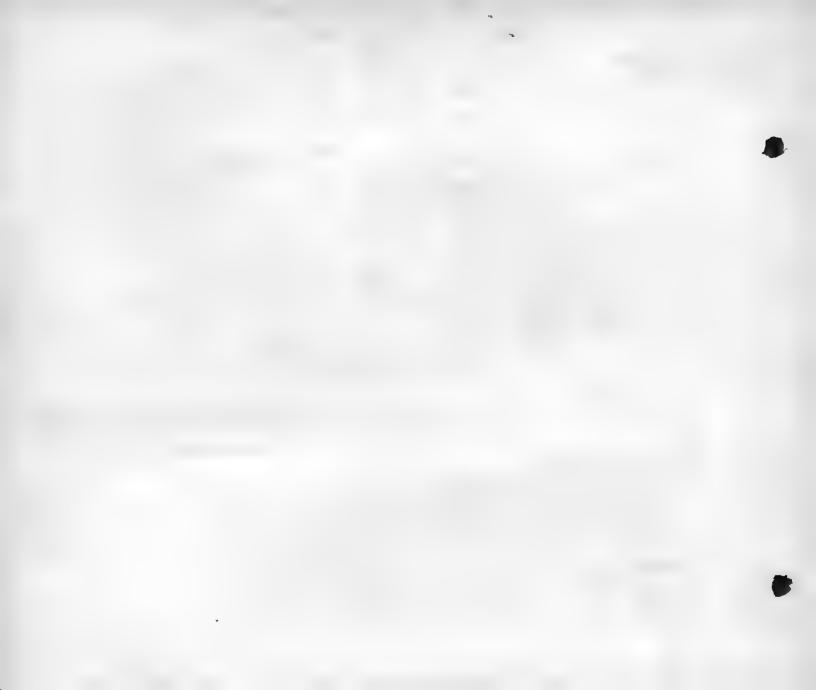
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page 3 the reg	275	BURIAL CREMATION, 226 DATE THEREOP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, agriculty) ASTOTE)  ASTOTE DIRECTORY STORY STORY STORY STORY ASTOTE AND ASTOTE A
5 (4) 0/57	13.	FONERAL DIRECTOR'S SIGNATURE  AND FORESS  WORKESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  MODATE JUN 1 4 '60  Critima S. Krama



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-FOR ST			6959 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH E	DEPT.	7. [	PLACE OF DEATH  1. COUNTY  Harford  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm ssion)  o. STATE Maryland  b. COUNTY Harford
or. Pool	(I)	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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Sive for file			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  Address R. D. 3
Harris Ha			Yes W.W1 215-05-8204 Chas. B. Osborn Jr. Aberdeen, Md.
ng ng			18 CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c) ]  PART I, DEATH WAS CAUSED BY:  Complete Rody disambaneant
ofe Dia sit p			Complete Body dismemberment Complete Body dismemberment
Hice Tran	V		DUE TO
W SO SE	,		Cenditions, if only, which   [b] gave rise to immediate cause
a in a constant			(a), stating the underlying DUE TO
sho ami	- A	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
penditecta cal Ex exed exed	V	CERTIFICATION	PERFORMED? YES NO
dedi		ERTIF	206. EXTERNAL CAUSE WAS PRIMARY [ or CONTRIBUTING [] CAUSE OF DEATH.  World and across R R tracks & Track a struck billing
Poorlo			Mained across Helle of acros & Halfi bolder hime
유민		WEDICAL	Nous / January November   foctory, street, office bidg., etc.)
The oge	100	Z	10:00 respection [X], Inquiry [], and in my
A To			op'nion death resulted from: Notural causes , Accident X, Suicide , Homicide , Undetermined monner
All Costs	A.		31
artific Jarw DIRE	200		SIGNATURE LE WILL C LE LINE _ M.D. CHIEF MEDICAL EXAMINER DE LONG MED DATE SIGNED
rRAL design			ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU
Hour Strings		220	BURIAL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (Stole)
0 9 4 0 9			Burial 6/11/60 Bakers Cemetery R.D. Aberdeen, Md.
VS. AESME	No	23.	FUNERAL DIRECTOR'S SIGNATURE TOTAL T
5M 2/57			4 April 1 - / arrang Aberdeen, Md. DATE JUN 14'60 arily 2. Thous
	•		/ John G. Tarring /



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06954 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. EALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved If institution, Residence before admission) a. COUNTY MARYEAND b. CITY OR TOWN III autside corporate lowits, wote EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) MOS OPPA d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM ALEXIS DR., KD JOPPA, Md Box 250A YES NO NAME OF 4. DATE Yeor DECEASED (Type or print) DEATH UNF 10 OCKWOOD 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | B DATE OF BIRTH 9 AGE Ila years IF UNDER TYEAR IF UNDER 24 HRS fort birthday) Months WIDOWED [7] DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MILLWRIGHT TENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4 QUINCARDON LANE 168-09-5350 TOM MILLER ALTIMORE 20. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: 10 MIN DUE TO CORONARY INSUFFICIENCY Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD WAS AUTOPSY PERFORMED? YES T 200. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) While at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . opinian death resulted from: Natural causes A. Accident , Suicide . Hamicide . Undetermined manner DATE SIGNED DEPUTY MEDICAL EXAMINER DAL NAME (Type) 22d, LOCATION (City, town, or county) UNERA 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 246. REG SYRAR'S SIGNATURE VS. A15ME 57A 2757



after death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA CAL EXAMINER'S OF DEATH 2. USUAL RESIDENCE [Where deceased I ved, if institution: Residence before adm ssion]
STATE Pennsylvania b. COUNTY THE VENNSYLVANIA LEEK - Steel les 1. PLACE OF DEATH y is necessary. I director, Page for your files. a. COUNTY HARFORD HAY KY KYKY MARYLAND b. CITY OR TOWN (if outside corposate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest fown) Board of L write RURAL and bive nearest lown; BELRIT West Chester roceres 120 xx 2013 d. MAME OF HOSPITAL OR INSTITUTION A not inchospital, a ve street address d. STREET ADDRESS IS RESIDENCE ON A FARM? R.F.D. #4 YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) **JOHN** DEATH MORRIS 19 60 June 16 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH 19. AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. 53 yrs Months Days MALE WIDOWED [ DIVORCED ( 10a USUAL OCCUPATION (Give kind of work A. BIRTHPLACE (State or foreign country) KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working lute, even if retired) 13. FATHER'S NAMI JAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) (Yes, no, or unkown) 18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Drowning IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 & 19, WAS AUTOPSY CERTIFICATION PERFORMED? should ial crem 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I) of item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Fell overboard from a runabout boat Chief Page 3 : Month, Day, Year | 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) factory, streat, office bldg., etc.) Not While Whila at work af work North Last River 21. I certify that I took charge of the remains described above, held an Autopsy 🔭 Inspection Inquiry and in my opinion s execute the consult be forwarded in death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED ease execute
Ecould be for SIGNATURE June 16, 1960 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 22b DATE THEREOF NAME OF CEMETERY OR CREMATORYS (Stata) Q 40 P 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 5M 7/59 0.'60

STATE DEPARTMENT OF HEALTH

Item 20 Film 265 6-2M-ARYLAND



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
M	699 EDICAL EXAMINER'S CERTIFICATE OF DEATH	1957
	1. PLACE OF DEATH O. COUNTY  That the state of the state	fore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give a and a veneral town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give a majorate limit)	negrest Jown)
1/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	3. NAME OF 14. First Middle 1 Last 4. DATE Manth Day	YES NO NO
	(Type or print) Holdie - Nichels DEATH June 14	1960
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED June 4. 1912  9. AGE in years  Months Days	Hours Min.
	during most af working life, even if retired)	F WHAT COUNTRY?
(=)	Waitress Tavern W. Va.  13. FATHER'S NAME	U.S.A.,
(1)	Herman W. Neeley Tressie K. Marion	
` -!	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (For, no, or unknown)   III yes, give wor or dates of service)	
	no 100 00 600h 1 C No-1	Va
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	RVAL BETWEEN SET AND DEATH
	The public to	
	Conditions, If ony, which gove rise to immediate couse (c) Course to immediate couse (c) Course to the course (c)	
	(a), stating the underlying DUE TO	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
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	200. EXTERNAL CAUSE WAS PRIMARY AT OF CONTRIBUTING DECAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port,) or Bort II of item 18.)	
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (20e. PLACE OF INJURY (Hothe, form, 20f. (City or Jawn) (County)  Hour som. (4) 19 (4) While of work	(State)
		9.
	21.1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted fram: Natural causes , Accident , Suicide  Homicide , Undetermined cause .	, and find that
gr.	death resulted fram: Natural causes [], Accident [], Suicide [], Undetermined cause [].	
Chippel.	SIGNATURE MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Gerald C POLMEYAD ASSISTANT MEDICAL EXAMINER BOATS	WI
5	220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county)	/ (State)
	Removal June 15,1960 Hafer Funeral Home Elkview, Kanawha W 23, FUNERAL DIRECTOR'S SIGNATURE / 240, REGISTRAR'S SIGNATURE / 240, REGI	No.
	Genard & Witcomes Abingdon, Md., DATEJUN 17'60 City	



عن ا		CERTIFICATE OF DEATH  Reg. Dist. No.
director,	(M)	1 PLACE OF DEATH O. COUNTY  H and 2  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE  M. B. COUNTY  H. COUNT
the funerol should be (		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
of 2 sho	X	d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION  ON A FARM? YES NO
Pages 1 o		3. NAME OF DECEASED (Type or print) 53 v 2 1
oletely rs Po	_	5. SEX  6. COLOR OR RACE  7. MARRIED DIVORCED BOATE OF BIRTH  WIDOWED DIVORCED NOTES AND DIVORCED SOLUTION OF SOLU
and completely on popers Po	(I)	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. 81RTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY  13 CITIZEN OF WHAT COUNTRY  14 C
of confe	· -	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  17. MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19. MOTHER'S MAIDEN NAME  19
B 22		("express of unknown) [18 yes, and wor or data of service) 116 aren's Paraleun & are in 1960s Lilla
5		18. CAUSE OF DEATH [Enter only one couse per him for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)
۾ ني ۾		Conditions, if any, which ) (b)
E G		gove rise to immediate couse (a), starting the under- (c)
ing physicion le hos been s buriol-transit	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \[ \bigcup NO \[ \bigcup \]
fica the		200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
oilof or office this certifor use os		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED And While of work of two of t
he hospi R: After oched fo buriol, a	,	21. 1 certify that I attended the deceased from 1906 to 6 1906 that I last saw the deceased alive an 1906 that I last saw the deceased alive an 1906 that I last saw the deceased alive an 1906 that I last saw the deceased alive an 1906 that I last saw the deceased alive an 1906 that I last saw the deceased alive and 1906 that I last saw the deceased alive
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may be united by the page 3 show		220. BURIAL GREENATION 228) DATE THEREOF 27C NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Jown, or county) (Slove).
VS A15 (4) 15M 10/57	in.	23. FUNTEDAL DIRECTOR'S SIGNATURE  ADDRESS'  ADDRESS'  ADDRESS'  ADDRESS'  ADDRESS'  DATE  240. REC'D BY REGISTRAR'  24b. REGISTRAR'S SIGNATURE  DATE  DATE  ADDRESS'  ADDRESS'  DATE  ADDRESS'  ADDRESS'  DATE  ADDRESS'  ADDRESS

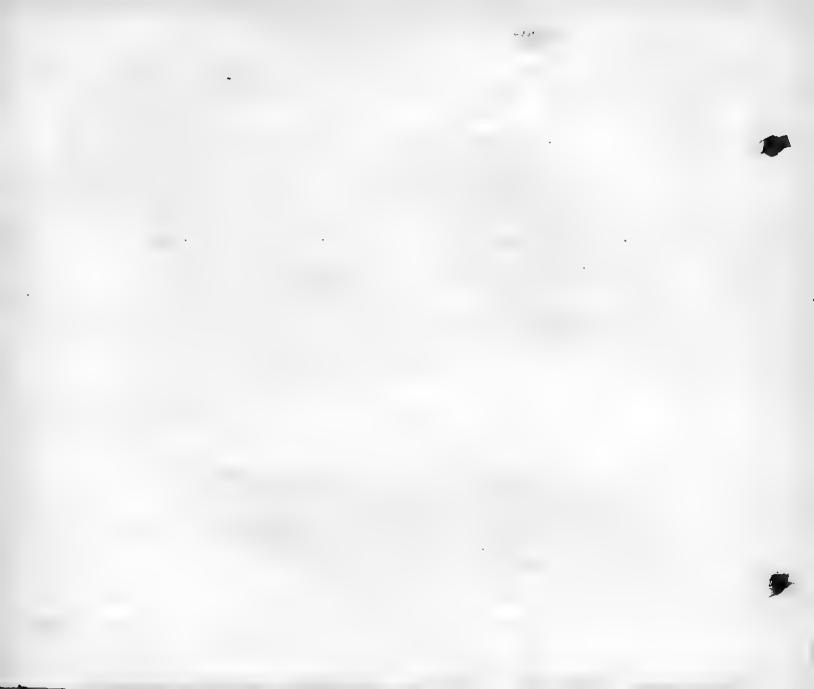
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director 1 PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE COUNTY MARKETARINE funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If dutside carporate limits, write RURAL and give nearest town) (RURAL and give negrest tawn) e. IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO NAME OF Middle 4. DATE Month Day Year DECEASED OF ONES death. DEATH (Type or print) 19 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S. SEX 16. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED lost birthday Months Days WIDOWED DIVORCED [ JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, during most of working life, eyen if retired) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? pup STRAGE FOREMAN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician of .5 TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANI Address attending [= 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]. INTERVAL BETWEEN ő ONSET, AND DEATH ъ. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Canditions, if any, which baubi gave rise to immediate DUE TO cause (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? PG S YES NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur o. m. Not while While of work of work p. m 1960 that (1) (we) last 21 1 certify that (1) (this haspital) attended the deceased fram.\_\_# i.la\_ 19 Gond that death accurred at 345M from the causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF M.D PHYS 22d. ADDREAS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOS 23d LOCATION (City, lown, or county) 23a BLR AL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) page the Sta REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE / AADDRESS 25a. REC'D BY REGISTRAR Citting & France VR A15 (4) 15M 9/59

after death.

HOSPIT



1 7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		6994 CERTIFICATE OF DEATH  Reg. Dist. No.
director, iled with	i	1. PLACE OF DEATH o. COUNTY Harford  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland  COUNTY Harford
W Sper H		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Havre de Grace  LENGTH OF STAY IN 1b  C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Havre de Grace
the the		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  100 Pusey Street  d STREET ADDRESS  on A FARM? YES NOW Y
illed es 1 one		NAME OF DECEASED (Type or print) MALISSA M. RICHARDSON DEATH June 27 19 60
d within pletely f rs. Pag		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH  Female White widowed Divorced May 17, 1898 9 AGE (In years of birthday) Manths Doys Hours Min.
nd comp on paper death.	1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWITE  HOME  North Carolina  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
sician on re carbo		Jesse E. McMillan Fannie Dixon
ng physici		S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 100 Pusey St.  No   (If year, gives wor or dotter of intrivice)   21.7-20-4036 Harry L. Richardson, Havre de Grace, Md
ottend en pleos it within		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH
that the by the nit. The ny even		Conditions, if ony, which ) (b) Marial Cardine Humbosis (week
require on. sipern ai pern		gove rise to immediate couse (a), stating the under- lying couse lost.  DUE TO  College Couse lost.
physicinas beer indi-tran	À	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE REPMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NOTE:
itan: T fending fficate b the bur or ren		200 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18 ) OR CONTRIBUTING   CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar ol this cert r use as emotian		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While at work at a law of the point work at a law of the
NDING  Pospit  After i  Ched for  urial, cr		21. I certify that I attended the deceased fram. J. M. 1957, to 27 Mic., 1960, that I last saw the deceased alive on 1,120, and that death accurred at 11:304, from the causes and on the date stated above.
R ATTE	7	ACTUAL SIGNATURE ADDRESS (Street, city or town, stole)  ADDRESS (Street, city or town, stole)  DATE SIGNED  107 S. Union Ave. 6/28/60
OSPITAL O		PHYSICIAN'S Irvin Wachsman, M.D. Havre de Grace, Md.
O HOSI moy be o FUNE poge 3 the reg	_	20. BURIAL CREMATION 26. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY Nathans Creek, N.C.    22d LOCATION (City, town, or county) (Stote)
VS A15 (4) 15M 10/57	2	From A. aning Aberdeen, Md.   240 REC'D BY REGISTRAR   246 REGISTRAR'S SIGNATURE   DATE JUN 30'60
		/ John G. Terring



1		MAKILAND SIAIE DEPAKIM	ENT OF HEALTH—BALTIMOKE, 18
	L	6995 CERTIFICA	ATE OF DEATH (1696)
S S	1.	PLACE OF DEATH	2 (16)141 OFFINENCE ONLY AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
S igh M		O. COUNTY HARFORD MARYLAND	OSTATE  MARYLAND  Trinsitution Residence before admission)  COUNTY HARFORD
£ 5 5		b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
fund uld		URAL LARRETTSUILLE LYRS	RURAL JARRETTSVILLE X
की की		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  ON A FARM?
Sin A		NOCKS, I'I'G	RUT / ROCKS YES INDE
24 h	3.	NAME OF DECEASED (Type or print) MARTHA FILEN RICH	Lost 4. DATE Month Day Year OF DEATH JUNE 1960
hin oge	5.	TITAL LLEUN MICH	71/203010
d wil		FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years of the line of the line)  9. AGE (In years of the line)  10 LY 17, 1889  9. AGE (In years of the line)  10 yrs. Months Doys Hours Min.
cute Saper	10	D. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	
ond ond		HOME MAKER HOME	NORTH CAROLINA U.S.A.
4 5 8 8	113	JOHN ABSHER	14. MOTHER'S MAIDEN NAME
fical hysici ove ove	15		MARGARET WAGONER
certing g ph	'n	N. NO. OF Unknown 1 If you mive you or dots of service)	ACGARET RICHARDSON EVERETT, MC
ndin hin J	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
affe affe		PART I. DEATH WAS CAUSED BY, PNEUMONI	A LOBAR ONSETAND PEATH S
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d by		Conditions, if any, which ) (b) LEFT HEIMI P	LEGIA TARTIAL 2 WKS
Der ganer	$\perp$	gove rise to immediate couse (a), stating the under-	
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ng F e ho burik remo	I SE	20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II of item 18.)
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r oth	3		ACE OF INJURY IHome, farm, 20f. (City or town) (County) (State)
PH) roll of this in this in this in this in this in this in the contract of th	MEDI	Hour a. st. 19 While Not while of work	story, steen, other ough, etc.,
ING Spill Sd for		21. I certify that I attended the deceased from MAY 2	3_, 1960, to MAY31_, 1960that I last saw the deceased
ENO he h R: A ach buri		alive on MAY 3/ 1960, and that death	occurred at 2:00PM, from the causes and on the date stated above.
CTO CTO	/	ACTUAL PLID 1711 DA	ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 307 HICKORY
d be prio		TURE MULLION, RETURNAND	M.D. 307 HICKORY JUNE 496
shou	L	PHYSICIAN'S PHILIP WI HEUMAN	BELAIR, MARYLAND
OSP V be Je 3 regit	22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	1 1- 1
O O O		Duria 6/3/1960 Bellie Miss	rosal Fardens Bel die Maryland
VS A15 (4)	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/\$5	E	ualles to fully farietion.	lle hed DATEIN 3 '60 College & Klasse



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND APFORI CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest (give) gure de 15/100 d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 12 NAME OF Middle 4. DATE Manth Doy Yazır DECEASED OF DEATH (Type or print) 196 RSO IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 9 AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED TATE DATE OF BIRTH campletely Aast birthday) Manths Days ofte WIDOWED [\* DIVORCED [ yrs. Joa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST Y 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 0 gud 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT B. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which permit gned gove rise to immediate **DUE TO** cause (a), stating the underphysician. been si lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES PNO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) After this certificate 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (State) factory, street, affice bldg, etc.) use Hour a.m. Nat while While at work at work p. m. 2) I certify that (1) (this haspital) attended the deceased fram..... P \_19\_\_\_ , and that death accurred at saw the deceased alive an M, from the causes and on the date stated above. DIRECTOR: 22a SIGNATURE **ATTENDING** DIRECTOR [ ed S 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNER 23g BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE VNERAL DIRECTOR'S SIGNATURE 250\_REC'D BY REGISTRAR VR A1S (4) ( Thung & through 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 6977 director. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY Harford **b.** COUNTY MARYLAND Marvland Harford ofter death; b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 þe c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest fown)
Havre de Grace shauld Aberdeen (Rural d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? Harford Memorial Hospital R.D. YES NO X DUD NAME OF Middle Last 4. DATE Month Day Yeor LOUIS (Type or print) C SCHANTZ DEATH June 60 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (to years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Male Doys Hours White DIVORCED [ WIDOWED | Oct. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Foreman Auto Garage and Shop Maryland U.S.A carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John George Schantz g pllysicus May F. Reauter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address NO NO 3-2962 attending Helen M. Schantz Aberdeen, Md. 18. CAUSE OF DEATH | Enter only one cause ger line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 4 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoting the underlying cause last. urial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18] MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work 🔲 at work p, m. 21. I certify that I attended the deceased from 6 that I last saw the deceased and that death occurred at 12:01 BM from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Bel Air, Md. PHYSICIAN'S Charles Richardson Jr. NAME (Type) FUNER 226. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) Bakers Cemetery Aber deen. Md. 0 23 JUNESAL DIRECTORS SIGNATURE Tarring Temeral Home 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Aberdeen. Md. JUN 1 0 '60 arthur & Krous 15M 10/57 John G. Tarring



			MARY	AND	STATE DEPARTA	MENT OF HEALTH	I-BAL	TIMORE, 1		0.00
~			691	78	CERTIFIC	ATE OF DEATH	1		Reg. Dist. N	06964
]	1	PLACE OF DEATH o. COUNTY	HARFORD		MARYLAND	2. USUAL RESIDENCE (WE O. STATE MARYL		d lived If instituti b. COUNTY	on: Residence be	
	[ <sub>F</sub>	B. CITY OR TOWN RURAL ond give HAV' LELDE	(If outside corporate limit nearest town)	s, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C				nearest town)
15	-		ITAL (If not in hospital, o		*	d. STREET ADDRESS	DOM	7	URAL F	e. IS RESIDENCE ON A FARM? YES NO (2)
*		NAME OF DECEASED (Type or print)	PAULI]		Middle	SHMEL	4. DATE OF DEATH	JUNE		Doy Year O 1950
	Ĺ	EMALE	WLITE	WIDOWE	_	8. DATE OF BIRTH AUGUST 18,		9. AGE (In years lost birthdoy) 71 yrs	Months Day	AR IF UNDER 24 HRS Hours Min
	100	during most of we	ION (Give kind of work or king life, even if retired)		IND OF BUSINESS OR INDI	USTRY 11, BIRTHPLACE (S1016) RUSSIA	or foreign c	ountry)		S.A.
		FATHER'S NAME	DEVICE			14. MOTHER'S MAIDEN N				
7	15		DEMICK ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17	UNKNOV	N IN	Add	'ess	
***************************************		i, no, or ominown)	(If yes, give wor or dates of se	Price)	M	ICHAEL SHMEI	_	RIS	ING SU	N, MD.
	Ž	Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	C	Meriod	enotic ha	D	diseas	2	Dycar
	CERTIFICATION					ED. (Enter noture of injury in f			EN IN PARE I(0)	PERFORMED? YES NO
	MEDICAL CER	OR CONTRIBUTION (IF EITHER, NOTIF	Y MEDICAL EXAMINER)	r 20d. IN:	IURY OCCURRED 20s. P	LACE OF INJURY (Hame, farm	. 20f. (City		(Count	y) (Stole)
	MED	p. m.	19	While of work		ciory, sireer, office blog., etc.	1			
		21. I certify t	hat I attended the	decease	d from 6/10	1960, to 6	M, from			saw the decease late stated above
1		ACTUAL SIGNATURE	neil '	To	work	M.D. Risi	ADDRESS (SI	Sum-	ml	DATE SIGNE
		PHYSICIAN'S NAME (Type)	Neil		25 40 Per	Risi	nca	Sun,	M 9	7/1/61
	220 E	BURIAL CREMATE	ON, 22b. DATE THEREO	1960	22c. NAME OF CEMETERY (	OR CREMATORY		ARTFORD	r county)	(Stole) CONN.
	23,	FUNERAL DIRECTOR	EM M	ella	ADDRESS Closing A		PAY REGIST	RAP 24b. REGIS	TRAR'S SIGNAT	URE



**CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) . COLNTY **b** COUNTY MARYLAND b CITY OR TOWN (If outside correctore limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITA, (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Mirfelie DATE Month Year DECEASED OF DEATH (Type or print) 5 SEX IF UNDER LYEAR IF UNDER 24 HR MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) Months Hours WIDOWED IT 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Fo THONE 15 WAS DÉCEASED EVER IN S ARMED FORCES? INFORMANI aftending CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Day of Derth e Coronary Thrombosis DUE TO Conditions, if ony, which permit been signed gove rise to immediate DUE TO couse (b), stoting the under lying couse ost burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY TOYOR. PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of in ury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour a.m Whie Not while of work of work p. m. 21. I certify that I attended the deceased from January, 1960, to June 14, 1960, that I last saw the deceased , 19 60 , and that death accurred at SASP M, from the causes and an the date stated above TANGE ATTEND give an ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** 6/15/60 SIGNATURE M.D 3 should PHYSICIAN'S NAME (Type) reord e taure de Groce, Md TO FUNER 226. DATE THEREOF 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 18-1960 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M III/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Ŀ	2204				
	1. PLACE OF DEATH G. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	nce before (Omission)
-	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL gas	(give nearest lown)
,	RURAL and give nearest town) HOURF (IF CEACE	8.40. 3	How de	Leave 1	nd.
ľ	d. NAME OF HOSPITAL (If not in hospital, give street / OR INSTITUTION	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
1	ARICA JEMUS AL	76-31-116	1516 n.	adams	YES NO
	NAME OF DECEASED (Type or print)	Middle	List lare	4. DATE Month OF DEATH	Day Year
1	S SEX 6. COLOR OR RACE 7. MAR	RIED T NEVER MARRIED	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS
	MALE WHITE WIDOW	ED DIVORCED	aug. 25-16	673 86 yrs. Months	Days Hours Min
	Od. USUAL OCCUPATION (Give kind of work done 10b. during man of yorking life even if retired)	KIND OF BUSINESS OR INDU	STRY DIRTHPLACE (State of	r fareign country) 12. CI	TIZEN OF WHAT COUNTRY?
Ĭ	3. FATHER'S NAME		14. MOTHER'S MAIDEN A	ME	
	GTAR JE WYZ CALL	2. 1 1-1161C.	MARY	Com Ha	sec
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 II	NORMANT Mell G. Tank	5/6 7. ddres	lano me
-	18. CAUSE OF DEATH [Enter only one couse per, is	me for (a), (b) and (c) ]		- Hanney o	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	2277 2260	4/05-6-0	12 Itar latio	ONSET AND DEATHLY
	DUE TO		-4-		1
	Carditions, if any, which ) (b)	a. ux 1.	ratale	~~~	1:100 y
	gave rise to immediate DUE TO	6 1			$\ell^{j}$
	lying cause last. ) (c)		A SECOND OF THE PROPERTY OF TH		
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
	200. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I ar Part II af item 18.)	
		i for	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f (City or tawn)	(County) (State)
		Nat while	7	, , , ,	
	21 I certify that (I) (this haspital) attend	ded the deceased fram.	Alma 1', This	Cylo kun 27/419	60that (I) (we) last
1	saw the deceased alive an 1241.6.	2 / 19.60 and that's	death accurred at 10	M, fram the causes and on the	he date stated abave:
	220. SIGNATURE		ATTENDING ME	D. STAFF	226 DATE SIGNED
	22c PHYSICIAN'S	6,011)	M D. PHYS. DIR	ECTOR PHYS	0/27/6
	NAME (Type) E Di-2 201	W. Low M	D 3111.1	1 32 Aug 1/2	15-4 16 300
	230 BUR AL CREMATION 236 DATE THEREOF	23c. NAME OF GEMETERY	OR CREMATORY	23d. LOCATION City Town, or county	(Stote) / ru L
	6/30/60	elblo	2	Ellalin M	od.
1	M. FUNERAL DIRECTOR'S STONATION	ADDRESS	ace Maso. REC'D	BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
U	Louis Jana 1	Y-ou are you	NDATE BILL	1 160 0 11 . 6	2 4

may be ed by the haspiral or artending physician.

D FUNER. DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any eyent, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be TO HOSP

g ofter death. Page 4

the funeral director, should be filed with

VR A15 (4) 15M 9/59



		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
e g 'è S		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
4 shauld cremotii	I.	PLACE OF DEATH O. COUNTY  HARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) O. SYATE  D. COUNTY  b. COUNTY
Poge burial,	7	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ond give nearest lown)  Have de least town (If outside corporate limits, write RURAL and give nearest town)
itor.		A. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)  H. R. FORD MEMORIAL HOSPITAL  ON A FARM?  15 O MESSURE MESSER MESSER TO SEE NO DE MESSER MES
y delay nerol your gistrar	I .	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH TIME 10 19 60
The form	5.	6. COLOR OB RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your feat brithdox) WIDOWED DIVORCED TO THE NVARY 14.1470 HOURS Days Hours Min.
ond 3 to a retain	100	USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country)  AUSICIAN  SNTERTAINMENT NEW YORK  12. CITIZEN OF WHAT COUNTRY?  L.S. A.
moy 2, 2, 2, 1, 2,	13	FATHER'S NAME HARRY WARSHAWSKY ROSF LOSIKOFF
no 24 ho	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  BETHESDA MA  133-079-974  SIDNEY RAPKE 6304 E. HALBERTRD.
auld be executed with pencil in 155 18. Galang with farm PM3. Burial-transit permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PARY I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gove rise to immediate cause (c), stoting the underlying couse lost.
ifficate shing in a Office of sed as a	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
This cert rd "per rd be u	L CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY DI OF CONTRIBUTING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port 11 of Item 18)  And CICCUCLUM and Cint
AINER: The wo dical Ex	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Mane, farm, foclary, street, office bldg., etc.) (Caunty) (Stote)
L EXAN		21. T certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
AEDICAL Hiftcate, v or to the Ch NL DIRECTO		ACTUAL SIGNATURE DE LOS CPALMO M.D. CHIEF MEDICAL EXAMINER DE AN MAJ DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER D
cute the forwar FUNERA or remove	224	EXAMINER'S GET A GET GENERAL CREMATION; [22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State)
or of forward of Front of Fron	L	FUNERAL DIRECTOR'S SIGNATURE  REMOVAL (Specify)  BURIAL JUNE 12,1960 KING DAVID MEMORIAL GARAEN FALLS CHURCH VQ.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/55		B Danganety & Are 3501-14 M. Ven DATESUN 14'60 Only 3 Hours

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## MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAKE

6983 CERTIFICATE OF DEATH

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1		PLACE OF DEATH a. COUNTY	HARror	0	MARYLAND	o STATE	DENCE (Where de	ceased I ved. If instit b. COUN	TY []	before admission)
		b. CITY OR TOWN ( RURAL and give n		ls, write c. LENC	STH OF STAY IN 16	c CITY OR I		corporate limits, write	RURAL and give	e nearest town)
	,	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ove street address)	ph in	d. STREET A	DDRESS CACAC SCA	5,.		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Fio ぞれごく	Σmi	Middle Marchael	WENVE	0	FEATH To	anth	Day Year
	5. \$	MALE	6. COLOR OR RACE	WIDOWED	DIVORCED	B. DATE OF BIRTI	103	9. AGE (In year lost birthday	) Manths Di	YEAR IF JNDER 24 HR lays Hours Min.
		during most of war	ON (Give kind of work king life, even if retired & /	dane 10b KIND OF	BUSINESS OR INC	1 2	LL	eign country)		L.S. 17.
	13	FATHERS NAME	ulm.	Weave		alk	ta (	Rugel	)	
1	15. (Yes	WAS DECEASED EV	ER IN J. S. ARMED FOR (If yes, give war or dates of s	ervica) 16 SOCIAL	SECURITY NO. 17	INFORMANT	60/8, 7000	0	ddress	2 .
	MEDICAL CERTIFICATION	Conditions, if of gave rise to a cause (a), storing lying cause lost.  PART IL OT  20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJUING O. m. p. m.  21 I certify the	In mediate DUE TO TO THE SIGNIFICANT CON  AS UNDERLYING TO THE SIGNIFICANT CON  AS UNDERLYING TO THE SIGNIFICANT CON  AS UNDERLYING TO THE SIGNIFICANT CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DESCRIBE HC  20b. DESCRIBE HC  ar 20d. INJURY O  While Na at wark at the	LOTON  LOTON  JUTING TO DEATH B  MINJURY OCCUR  CCURRED  It white  deceased from	PLACE OF INJURY ( foctory, street, affice	Home, form, 200 bldg., ebc.)	ar. Part II of item 18.)  (City or town)  to Jime 2	(Con	PERFORMED? YES NO [  unty) (State)  that (I) (we) la
1	23a	PHYSICIAN'S NAME (Type)  R AL / REMATION (Specify  FINERAL DIRECTOR		60 7	ANE OF CEMETINAY	OR CREMATORY  A. Md.	23d. <b>Ne.</b> 250 REC'D BY	LOCATION (Gity, low	renty () GISTERN'S SIGN (Lan & Kes	

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death Page 4 physician and campletely filled it the funeral director, nave carban papers. Pages 1 and 2 shauld be filed with may be to be the haspital ar attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the property of the property of the property of the purity of the property within 72 hours after death. ony eve page 3 shauld be detached for use as the burial-transit perm.t. Then page 5 state Board of Health prior to burial, cremation, or removal, and in TO HOSPIT

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VR A15 (4) 15M 9/59



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be lation, Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MARYLAND Page , b. CITY OR TOWN III outside enemorate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) and give regrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Wilkinsonw First Middle 4. DATE Month funeral Day Year OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED A -NEVER-MARRIED 9. AGE (In years DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS lest birthday) Months Hours Min Days WIDOWED !yrı. 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ٩n ago 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address 18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise lo immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY ICATION PERFORMED? YES | NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour Not while O. M. al work of work Medic p. m. riting 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry . and find that death resulted fram: Natural causes Accident . Suicide . Homicide Undetermined cause 1013 o the CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER T 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) ō 0 23. FUNERAL DIRECTOR'S SIGNATURE 1.24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS. A15ME(S) arthur S. Krous DATE 111N 2 8 '60 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



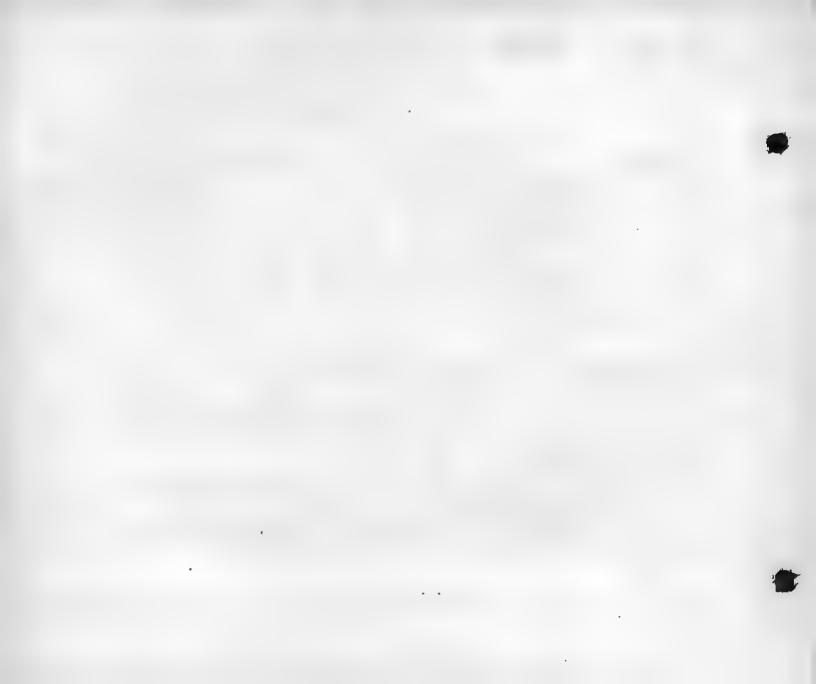
CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence pefore admission) a. COUNTY b COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURA), and give negrest tawar); c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside-corporate limits, write RURAL and give nearest town) d. NAME OF MOSPIFAL (If not in haspital give street address 6. IS RESIDENCE d STREET ADDRESS OR INSTRUCTION YES NO. NAME OF Middle 4. DATE Manth Day DECEASED (Type or print) DEATH 8 DATE OF BIRTH 9 AGE/Un years IF JNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED (aut wirthday) Months Doys Hours DIVORCED | WIDOWED 🕅 TOO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) auceure and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME/ Unknown raule physicie IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address NO NO 5 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL SETWEEN ONSET AND BEATH PART I, DEATH WAS CAUSED BY: 300/a-AJMMEDIATE CAUSE (o) DUE TO To-dio lascilo desas Conditions if ony, which permit gave rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO T 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. T ME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m While Nat while at wark ot work 21 I certify that (1) (this haspital) attended the deceased from Jone 19 46, to JUHE 22 \_\_, 19,5 so, that (I) (we) last saw the deceased alive an Jack 2 \_\_\_19 6 ->, and that death accurred at 10 12M, fram the causes and an the date stated above PR ATTE 22a SIGMATURE 22b, DATE SIGNED STAFF PHYS MED DIRECTOR M.D PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Richards Jr. M.D. Port Deposit, Md. FUNER 23d BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar county) (Stote) 6-24-1960 West Nottingham Cem. Colora, Md. Rural 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE BUNERAL DIRECTOR'S SIGNATURE Perryville .Md. DATAUN 2 4 '60 arthur S. Frank 15M 9/59



CERTIFICATE OF DEATH be filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b. COUNTY** MARYLAND Harford Tarvland Harford uneroi b. CITY OR TOWN (If outside corporale timits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) should Bel Air. vrs. Bel Air d. NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARW? Harford Convalescent Home YES NO X NAME OF Middle 4. DATE Local Month Year DECEASED DEATH (Type or print) Cora [saha]]a Williams June 19 60 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Hours WIDOWED I Temale White DIVORCED [ yrs. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN\_OF WHAT COUNTRY during most of working life, even if retired) pub North Cafolina carbon ofter 13 FATHER'S NAME 14 MOTHER'S MAIDEN/NAME IN U. S. ARMED FORCES? 17\_INFORMANT 16 SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) days **DUE TO** nout Cardio-vascular disease Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 📆 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while While of work of work D. M. 21. I certify that I attended the deceased fram June 1950, to June 1960that I last sow the deceased and that death occurred at 8:45P.M. from the causes and on the date stated above. 3 shauld PHYSICIAN'S Willard P. Hudson M.J. NAME (Type) FUNER 220 BURIAL CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 [4] arthur & Heart DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death



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4			699		CERTIFIC	CA	E OF DEATH	ł		Reg. D	st. No.	973
AA	1.	PLACE OF DEATH o. COUNTY	Harford		MARYLANI	- 11	USUAL RESIDENCE (Who a. STATE	_	l lived. If institution b. COUNTY		rfor	
IAI		B CITY OR TOWN RURAL and give r	(If outside corporate limit		CITY OR TOWN (IF	viside corpo	rate limits, write Ri					
			ITAL (If not in haspital, gi	ive street address	3)	7	d. STREET ADDRESS					IS RESIDENCE ON A FARM? YES NO X
		NAME OF DECEASED (Type or print)	Firs Lid		Middle M .	ī	los Villis	4. DATE OF DEATH	Mon Jun		0ay 27	Year 19 60
		SEX	6. COLOR OR RACE	7. MARRIED K	NEVER MARRIED DIVORCED	1	DATE OF BIRTH		9. AGE (In years last birthday)		1 YEAR I	F UNDER 24 HRS Haurs Min
	100	female USUAL OCCUPATE during most of wor	_ 1 . WILL UC . [	lone 10b. KIND	OF BUSINESS OR IN	DUSTR	Mar.9, 1882			12 CI		WHAT COUNTRY
I	13.	none FATHER'S NAME			none		Churchvi  MOTHER'S MAIDEN N		1a.,		U.5	S.A.,
	15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FORC	(annual		INF	Annie Pre	ston	Addr			
		no		110	one	Le	evering O. W	illis	Abing	don l	Maryl	and.
			ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			l f	loverlig		16		ONSE	VAL BETWEEN T AND DEATH
		Conditions, if a	immediate (	arte	und sel	سربرك	loverlig	refile	gia			
	7	lying cause lost.										
A-	CERTIFICATION			DITIONS CONTRI	BUTING TO DEATH B	UT NO	OT RELATED TO THE TERM!	NAL DISEASI	CONDITION GIV	EN IN PAR		PERFORMED? YES NO A
	1 .	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   G CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DESCRIBE I	10W INJURY OCCUR	RED. (	Enter nature of injury in P	ort I ar Pari	Il of item 18.)			
	MEDICAL	20c. TIME OF INJUI Hour o m. p. m.	RY Month, Day, Yea 19		Not while	PLAC! factor	OF INJURY (Home, form, y, street, affice bldg., etc.)	20f (City	or lawn)	(	County)	(State)
1			hat I attended the	deceased fro	m A Ru	211	1960, to J	une 2	7 , 1960	,that I	last sav	v the deceased
1		ACTUAL SIGNATURE	red & H	odo	, and that dec	M.C			reet, city or town,	state)	he dote	stated above DATE SIGNED
		PHYSICIAN'S NAME (Type)	Fred 0.	. Hodus			Edge	wood	Maryland	1.		
2		BURIAL CREMATIC REMOVAL (Specify BUTIEL	June,30,1		NAME OF CEMETERY Smith's Ch				ion (City town, o		ford	(State)
14	23.4	FUNERAL DIRECTOR	( Ul Come	Di	Abir Abir	ıgd	on, Md. DATE JU	BY REGIST	RAR 246 REGIS	TRAR'S SI		,



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CORC CERTIFICATE OF DEATH 6986

06974

	PLACE OF DEATH O. COUNTY	Har	lord	MARYLA		STATE	(Where decease	d lived. If institu		before admissi	ian)
	b. CITY OR TOWN (If RURAL and give no	4 1	s, write c. LEN	GTH OF STAY IN	1Ь	CITY OF TOWN	(If autside carpo	Tose	RURAL and giv	e nearest lawn 46x-	3
	d. NAME OF HOSPITA OR INSTITUTION Harford	M emor	ive street oddress)	espital		300 L	- 25	The ye	et.		IDENCE FARM?
	NAME OF DECEASED (Type or print)	Gabre	lla	Middle		Hinn	4. DATE OF DEATH	0	unth	20	Yeor 19 60
5. 5	Female	m.	7. MARRIED WIDOWED	DIVORCED [		te of Birth	1877	9. AGP (In year last birthday	Months D	YEAR IF UNDE	Min.
10a	during most of work	N (Give king of work of ing life, even if retired)	lane 10b. KIND O	F BUSINESS OR I	NDUSTRY	Baye	ate ar foreign c	Maryle Maryle	ed 2. CITIZE	L. S.	Q,
13.	FATHER'S NAME	earge t	ay		14	MOTHER'S MAIDE	nname	In	with		
	WAS DECEASED EVER	R IN U. S ARMED FOR	CES? Jo. SOCIAL	SECURITY NO.	THU.	Rofest C.	Win	Ju. 3	Herre d	# 40	ice, m
			Ca	1, 16), fand (c).]	in ?	of me	Von	dies	200	INTERVAL 8E ONSET AND	DEATH
CATION	Cause (a), stating I lying cause last. PART II. OTH	the under   DUE TO	DITIONS CONTRIB	MAN JULING TO DEAT	BUL NOT	RELATED TO THE TE	ERMINAL DISEAS	effe ft	SVEW IN PART	PERFO	AUTOPSY PRMED?
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCC	URRED. (Er	ter noture of injury	in Port I ar Pai	rt II af item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	While No	OCCURRED 20 of while work		OF INJURY (Hame, f street, affice bldg.,		y or tawn)	(Ca	unty)	(State)
	21. I certify tho saw the deceas	t (I) (this hospital	attended the	12	7	accurred at	1960 to_	6 - Z	7 19/4 and on the	, that (1) (	
	22c. PHYSICIAN'S	DOO	1000	19	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		61	SIGNED
	NAME (Type)				1	22d. ADDRESS	Havre	de G	race,	md.	
1	BURIAL CREMATIO BEMOVAY (Specify)	June 28	1960 m	t. Carn	RY OR CRI	extest Ce.	m. no	TION (City, town	st Cu	JC,	md,
24,	ELMW E	Bullon	k. sta	ne de x	Grad	DATE DATE	JUN 2	9 '60 25b. RE	GISTRAR'S SIGN		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and five nearest town) director. your write RURAL and give neerest town Jo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRES! a. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE First Manth Day Yee DECEASED (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE B. DATE OF SIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED lest birthdey) Months Hours WIDOWED [ DIVORCED YES. IDa. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. PATHER'S NAME RGIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. ar ankown) | (Ifyas give wer or detes of service) 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate ceuse **DUE TO** (a), steting the underlying Examiner cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? plnods 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., atc.) While Not While Hour am. at work at work Prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should be forwarded FUNERAL DIRECT death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. DEPUTY MEDICAL EXAMINER 17 NAME (Type) should Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Q40 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURI VS. A15ME arilus S. Kraus DAT JUN 3 0 '60 5M 7/59

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